

## HAZARD AVOIDANCE FORM

### ELECTIVE (SSC5c) OBJECTIVES

### ELECTIVE (SSC5c) REPORT (1200 words)

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Elective Title: Paediatrics and general medicine in Siteki, Swaziland

Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the most common medical conditions for which people seek hospital care in Swaziland? Which are the commonest Paediatric conditions?

The commonest presentations are pneumonia, 'flu, the common cold, and non-specific back pain. Presentations that differ from the UK in children include burn injuries from cooking fires and children swallowing petroleum in the mistaken belief that it is water (both are commonly stored on the floor in old coca-cola bottles in the homesteads).

During my time here, there was also a chicken-pox outbreak and several cases of asthma exacerbation.

Gastroenteritis hospitalises malnourished and HIV-positive children. Of around 20 children admitted to the paediatric ward at Good Shepherd Hospital at any one time, usually 3 or 4 are suffering acutely from malnutrition and perhaps one is a HIV patient.

The malnutrition often stems from the HIV-positive status of the mother, who is either too ill to breastfeed or has been discouraged to prevent mother-to-child transmission.

Formula milk is often too expensive so children are weaned early onto inadequate diets.

HIV itself is much less of a problem in the paediatric population than I expected: prevention of mother-to-child transmission is energetic and effective, so few children are carriers.

Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How is

medicine in general, and Paediatrics in particular, organised and delivered in

Swaziland? How does this differ from provision in the UK?

Good Shepherd hospital is not a government hospital, but works within the same framework. There is a large focus on TB and HIV. Rural Health Motivators and local clinics offer checkups and medication for free and HIV patients are seen for CD4 counts and review every few months.

Ambulances are free of charge and run 24 hours a day, with trained paramedics who can, for example, administer a salbutamol nebuliser on site or bring in a pregnant woman in labour safely.

On the other hand, the government hospitals seem to be very overstretched. Apart from the TB and HIV drugs, amoxicillin, and a few tablets for hypertension and diabetes, drugs often run out; patients are often seen by nurses rather than doctors, without an easy route of referral if things are worse than they seem; and patients often come to Good Shepherd, having been referred by the Government hospital in Manzini,

to pay for tests they should have had for free, because the Government hospital has run out of reagent or the X-ray machine is broken.

Even at Good Shepherd, which is comparatively well-supplied, there are few tests available, and many patients are treated empirically.

There are few paediatricians in Swaziland, though there is one at Good Shepherd.

Neonatal problems are generally managed by a random assortment of midwives and doctors, and paediatrics often by generalists. There is no paediatric surgery at all.

Those who need healthcare beyond the scope of the country can be referred to South Africa and treated there for free (this also applies to all oncology and neurosurgery), but the waiting list is 18 months long so patients often die waiting. A small NGO at Good Shepherd is the only provider of palliative care in the country but there has been a recent government drive to improve palliative care for its oncology patients, as many young adults are dying of HIV-related gynaecological and genitourinary cancers.

The presence of a few areas of excellence throws the comparative poverty of others into stark relief. For example, intra-vitreous anti-VEGF injections are available in the

eye clinic, but the only anaesthetic and analgesic options for children in the emergency department are ketamine sedation or 'cold spray'. The home-based palliative care team leave bags of maize meal and beans at the homes of young mothers dying of cancer whilst other mothers bring their skinny, pot-bellied infants to paediatrics to be fed a high-protein diet consisting mainly of formula milk and peanut butter. Seeing healthcare provision at a similar level to the UK in some areas throws the deficiencies in others into stark relief.

Objective 3: Health related objective: What public health interventions (such as screening programmes) are offered as routine in Swaziland? Describe the organisation, distribution and impact of these programmes on health provision and public health.

There is a heavy government focus on TB and HIV prevention and treatment. Young children also receive routine immunisations and six-monthly de-worming. There are routine antenatal checks, fewer than in the UK, and without free ultrasound scans, but pregnant women and neonates are generally well cared for. Breastfeeding is strongly

encouraged, and HIV awareness especially emphasised. Older people are offered regular community-based blood pressure and blood sugar checks and management.

However, public health education on long-term diseases is very piecemeal and, as in the UK, many people choose alternative treatments and advice over evidence-based medicine.

There is a public health doctor at the hospital. His main focus recently has been to encourage hand-washing, which is woefully absent, gloves being considered an appropriate substitute by nearly everyone. There is a high rate of nosocomial infection.

Objective 4: Personal/professional development goals.: To experience healthcare in a setting very different from the one in which I have trained; to practice as much as possible within the limits of my skills; to learn how nurses and doctors cope with a lack of tools and medicines taken for granted in the UK.

"There is never just one story". I will try, more than before, not to take people's behaviour as a guide to their attitude without asking them about it. In maternity here, women receive no painkillers: I was told that "they must endure". It is horrifying both to

witness their suffering, and to know that they are offered no choice at all, despite the availability of suitable medication. A conversation with a midwife illuminated this for me: some of the more common pain medicines are unavailable, and others are risky to use in a setting without foetal heart monitoring, where there may be no emergency obstetric theatre available for eight or nine hours after an urgent situation arises. A woman died of eclampsia whilst we were here, having waited for c-section for sixteen hours after she started fitting. Given these circumstances, it is much more understandable that pain relief is not the midwives' top priority for reform.

I will try, more than before, to look for small, easy changes that make big differences, in the hope that small alterations will add up eventually. The paediatrician here admonished me for worrying over the fate of an infant with several severe congenital abnormalities with the words: "there are bigger, closer problems". He is right, of course: children in the emergency room receive minor surgery such as drainage of ulcers with no pain medication but cold spray, and a team of six nurses holding them down; the paediatric nursing team rarely wash their hands, transmitting disease across

the ward; there is only one broad-spectrum antibiotic that can be dosed for neonates, who still often die of sepsis for want of an IV formulation of some of the adult medications. The paediatrician has already introduced better management of neonates in maternity and pain relief for children having burns dressed (an excruciating procedure).

I am grateful for the many lessons I have learned from a diverse range of teachers at Good Shepherd. I will strive to apply them to my practice when I begin work in August.

#### ELECTIVE (SSC5c) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?